

Center ID:	_____ - _____
Study ID:	T _____ - _____
Visit Code:	T _____
Date of visit	_____/_____/_____

PHYSICAL MEASUREMENTS

10. **Length/Height**

- a. **Method** ()₁ Standing ()₂ Supine
- b. **Length or height** _____ . _____ cm ()₁ Unable to obtain
- c. **Concerns** ()₀ No problems
 ()₁ Interference from hair or non-removable hair ornaments
 ()₂ Child would/could not stay still
 ()₃ Other, specify: _____

11. **Weight**

- a. **Diaper** ()₁ With ()₂ Without ()₃ Not applicable
- b. **Clothing** ()₁ Underwear only ()₂ Light clothing ()₃ Heavy clothing
- c. **Shoes** ()₁ With ()₂ Without
- d. **Weight** _____ . _____ kg --OR-- _____ lb _____ oz ()₁ Unable to obtain
- e. **Concerns** ()₀ No problems
 ()₁ Child would/could not stay still
 ()₂ Other, specify: _____

12. **Blood pressure**

- a. **Method** ()₁ Seated ()₂ Supine ()₃ Standing ()₄ Other
- b. **Reading 1** _____ / _____ ()₁ Unable to obtain
- c. **Concerns** ()₀ No problems
 ()₁ Child was crying during BP measurement
 ()₂ Child would/could not stay still
 ()₃ Other, specify: _____
- d. **Reading 2** _____ / _____ ()₁ Unable to obtain
- e. **Concerns** ()₀ No problems
 ()₁ Child was crying during BP measurement
 ()₂ Child would/could not stay still
 ()₃ Other, specify: _____

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REVIEW OF SYMPTOMS

	ABSENT	MILD	MODERATE	SEVERE	Associated with drug?
13. Nausea	() ₀	() ₁	() ₂	() ₃	() ₁
14. Vomiting	() ₀	() ₁	() ₂	() ₃	() ₁
15. Diarrhea	() ₀	() ₁	() ₂	() ₃	() ₁
16. Abdominal pain	() ₀	() ₁	() ₂	() ₃	() ₁
17. Change in sleeping habits	() ₀	() ₁	() ₂	() ₃	() ₁
18. Irritability	() ₀	() ₁	() ₂	() ₃	() ₁
19. Rashes	() ₀	() ₁	() ₂	() ₃	() ₁
20. Change in eating habits	() ₀	() ₁	() ₂	() ₃	() ₁
21. Ear ache or ear infection	() ₀	() ₁	() ₂	() ₃	() ₁
22. Other	() ₀	() ₁	() ₂	() ₃	() ₁

If OTHER, specify: _____

PHYSICAL EXAM

23. Eyes	() ₁ , Normal	() ₂ Abnormal, specify _____	() ₃ , Not Done
24. ENT	() ₁ , Normal	() ₂ Abnormal, specify _____	() ₃ , Not Done
25. Neck	() ₁ , Normal	() ₂ Abnormal, specify _____	() ₃ , Not Done
26. Lungs	() ₁ , Normal	() ₂ Abnormal, specify _____	() ₃ , Not Done
27. Heart	() ₁ , Normal	() ₂ Abnormal, specify _____	() ₃ , Not Done
28. Abdomen	() ₁ , Normal	() ₂ Abnormal, specify _____	() ₃ , Not Done
29. Liver	() ₁ , Normal	() ₂ Abnormal, specify _____	() ₃ , Not Done
30. Lymph Nodes	() ₁ , Normal	() ₂ Abnormal, specify _____	() ₃ , Not Done
31. Extremities	() ₁ , Normal	() ₂ Abnormal, specify _____	() ₃ , Not Done
32. Skin	() ₁ , Normal	() ₂ Abnormal, specify _____	() ₃ , Not Done

